

MAILED AUG 6 1941 604
607

State File No.

Registration District No.

Primary Registration District No. 5-F-0-6-811 Registrar's No. 46

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Portageville - Rural
(c) Name of hospital or institution: near Leclair
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County New Madrid
(b) City or town Rural
(c) Name of hospital or institution: near Portageville
(If outside city or town limits, write "RURAL")
(d) Street No. near Portageville (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Jack Cornell

3. (b) If veteran name was ✓

3. (c) Social Security No. ✓

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Dora Cornell 6. (c) Age of husband or wife if alive 45 1/2 years
7. Birth date of deceased April 18 1895
(Month) (Day) (Year)

8. AGE: Years About 46 Months Days If less than one day hr. min.

9. Birthplace Landonell Co. 1 Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Cannier

11. Industry or business ✓

12. Name George Cornell

13. Birthplace near 1 Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hooper

15. Birthplace 1 Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Genny Cornell

(b) Address Halls Tenn.

17. (a) Removal (b) Date thereof 7-30-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elm. Cemetery - Halls Tenn.

18. (a) Signature of funeral director Evans & Son

(b) Address Halls Tenn.

19. (a) July 31 1941 (b) Mary W. Corle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1941 hour 12:00 minute PM

21. I hereby certify that I attended the deceased from 19..... to 19.....

that I last saw h..... alive on..... and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Myocarditis by Record
found dead in record patch
about 13 East of Portageville.
Discomposed body body.

Due to been dead about
two days.

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: Of operations NO Of autopsy NO

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓

(b) Date of occurrence ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓

(e) Means of injury ✓ (Specify type of place)

23. Signature Leo Hildguth (Specify type of place) (City or town) (County) (State)

Address New Madrid Mo Date July 29 1941

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

1952

DEC 1

DEC 1 1952

1952

DEC 5

DEC 8 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.